

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

59-016946

STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>Callaway Mem. Hosp. 4 1/2 Hrs.</b>		d. STREET ADDRESS (If outside, give location) <b>413 Chestnut</b>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Cornelius</b> Middle <b>Benton</b> Last <b>Baker</b>			4. DATE OF DEATH Month <b>May</b> Day <b>22</b> , Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 11, 1890</b>	9. AGE (In years, 1 day birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Labor for REA</b>	11. BIRTHPLACE (City and state or country) <b>New London, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>Omer Baker</b>	14. MOTHER'S MAIDEN NAME <b>Mary (Unknown)</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486145329</b>	17. INFORMANT <b>413 Chestnut Mrs. Minnie Baker Fulton, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction, recurrent</b> DUE TO (b) <b>Coronary vessel occlusion</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4201</b>
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20c. TIME OF INJURY Hour <b>10:00</b> Month <b>5</b> , Day <b>22</b> , Year <b>1959</b> a. m. p. m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Fulton, Mo.</b>	COUNTY <b>Callaway</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>1-19-59</b> to <b>5-22-59</b> and last saw him alive on <b>5-22-59</b> Death occurred at <b>10:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>George H. Groce, M.D.</b>	22b. ADDRESS <b>607 Court, Fulton, Mo.</b>	22c. DATE SIGNED <b>5-23-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Mem. Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>
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24. FUNERAL DIRECTOR <b>Maupin Funeral Home, Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 23-1959</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1956

8 NHP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marshall C. Black*

Licensed Embalmer No.....

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.